

# To: Pharmacies, Physicians, Physician Assistants, Nurse Practitioners, Oral Surgeons, Optometrists, Dentists, FQHCs, RHCs, and Nursing Homes

## RE: PDL Update

Two important pharmacy program updates will take place effective October 1, 2008:

- 1) The Alabama Medicaid Agency will require prior authorization (PA) for payment of generic pantoprazole. Preferred brands as well as OTC versions of Proton Pump Inhibitors will continue to be available with no PA necessary.
- 2) The Alabama Medicaid Agency will update the Preferred Drug List (PDL) to reflect the recent Pharmacy and Therapeutics (P&T) recommendations as well as quarterly updates. The updates are listed below:

PDL Additions	PDL Deletions*
<b>Aricept</b> -Behavioral Health/Alzheimer's Agents	<b>Actoplus Met</b> -Diabetic Agents/Thiazolidinediones Combos
<b>Exforge</b> -Cardiovascular Health/Calcium Channel Blockers Combos	<b>Coreg</b> -Cardiovascular Health/Beta Blockers
† <b>Relenza</b> -Anti-infective Agents/Neuraminidase Inhibitors	<b>Coreg CR</b> -Cardiovascular Health/Beta Blockers
† <b>Tamiflu</b> -Anti-infective Agents/Neuraminidase Inhibitors	<b>Desoxyn</b> -Behavioral Health/Cerebral stimulants/Agents for ADD/ADHD
	<b>Diuril</b> -Cardiovascular Health/Diuretics
	<b>Edecrin</b> -Cardiovascular Health/Diuretics
	<b>Lasix</b> -Cardiovascular Health/Diuretics
	<b>Mavik</b> -Cardiovascular Health/ACE Inhibitors
	<b>Moduretic</b> -Cardiovascular Health/Diuretics Combos
	<b>Protonix</b> -Gastrointestinal Agents/Proton-pump Inhibitors
	<b>Rozerem</b> -Behavioral Health/Misc. Anxiolytics, Sedatives, Hypnotics

\* denotes that these brands will no longer be preferred but are still covered by Alabama Medicaid and will require Prior Authorization (PA). Available covered generic equivalents (unless otherwise specified) will remain preferred.

†denotes that product will be preferred during the defined flu season (October 1 – April 30 unless otherwise specified)

The PA request form and criteria booklet, as well as a link for a PA request form that can be completed and submitted electronically online, can be found on the Agency website at [www.medicaid.alabama.gov](http://www.medicaid.alabama.gov) and should be utilized by the prescribing physician or the dispensing pharmacy when requesting a PA. Providers are to mail or fax hard copy PA requests to:

**Health Information Designs (HID)**  
**Medicaid Pharmacy Administrative Services**  
**P. O. Box 3210 Auburn, AL 36832-3210**  
**Fax: 1-800-748-0116**  
**Phone: 1-800-748-0130**

Incomplete PA requests or those failing to meet Medicaid criteria will be denied. If the prescribing physician believes medical justification should be considered, the physician must document this on the form or submit a written letter of medical justification along with the prior authorization form to HID. Additional information may be requested. Staff physicians will review this information.

Policy questions concerning this provider notice should be directed to the Pharmacy Program at (334) 242-5050. Questions regarding prior authorization procedures should be directed to the HID help desk at 1-800-748-0130.

September 23, 2008